

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	T.M	SC 8800	1/30/01
<b>RESPONSE FORMALITY REVIEW</b>	A.T	1071	02/04/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

**Best Available Copy**

Claim	Date
Final Original	1/1/01
1 ✓	
2 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here